GREENWAY MANUR			
501 SOUTH WINSTED, PO BOX 759			
SPRING GREEN 53588 Phone: (608) 588-2586		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	366	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	60	Average Daily Census:	55
Number of Residents on 12/31/00:	60		

Services Provided to Non-Residents	*****	Age, Sex, and Primary Diagn	**************************************	00) %			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	40. 0 33. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5. 0	More Than 4 Years	26. 7
Day Servi ces	No	Mental'Illness (Org./Psy)	26. 7	65 - 74	10. 0		
Respite Care	No	Mental Illness (Other)	5. 0	75 - 84	35. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.7	***************	********
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1. 7	95 & 0ver	8. 3	Full-Time Equival	
Congregate Meals	No	Cancer	3. 3			Nursing Staff per 100	Resi dents
Home Delivered Meals	No	Fractures	5.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	3. 3	65 & 0ver	95. 0	[
Transportation	No	Cerebrovascul ar	16. 7			RNs	10. 3
Referral Service	Yes	Di abetes	5. 0	Sex	%	LPNs	4. 7
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	33. 3	Male	35. 0	Aides & Orderlies	30. 3
Mentally Ill	No			Female	65. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Medicaid (Title 18) (Title 19)			Other Private				Pay Managed Care					Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	5		\$255. 07	38 1	100. 0	\$101.06	Ŏ	0. 0	\$0.00	17		\$125.00	Ŏ	0. 0	\$0.00	60	100. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	5	100.0		38 1	100.0		0	0.0		17	100.0		0	0.0		60	100.0%

******	****	*****	******	****	*****	************	******
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ions, Services	, and Activities as o	f 12/31/00
beachs builting kepoliting lellou		\			% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	$\tilde{0}$. $\tilde{0}$	Bathi ng	1. 7	one	56. 7	41. 7	60
Other Nursing Homes	1. 2	Dressing	6. 7		50. 0	43. 3	60
Acute Care Hospitals	96. 3	Transferring	23. 3		40. 0	36. 7	60
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	23. 3		40. 0	36. 7	60
Rehabilitation Hospitals	0. 0	Eating	55. 0		15. 0	30. 0	60
Other Locations	0. 0	********	**********	******	******	*******	******
Total Number of Admissions	82	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6. 7	¹ Recei vi ng	Respiratory Care	8. 3
Private Home/No Home Health	41.3	Occ/Freq. Incontinen	nt of Bladder	33. 3	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen		26. 7	Recei vi ng	Sucti oni ng Č	0. 0
Other Nursing Homes	0. 0	1			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	2. 5	Mobility			Recei vi ng	Tube Feedi ng	3. 3
Psych. HospMR/DD Facilities	1.3	Physically Restraine	ed	5.0	Recei vi ng	Mechanically Altered 1	Diets 28.3
Rehabilitation Hospitals	0. 0				Ü	v	
Other Locations	6. 3	Skin Care			Other Reside	nt Characteristics	
Deaths	48.8	With Pressure Sores		8. 3		ce Directives	76. 7
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	80				Recei vi ng	Psychoactive Drugs	53. 3

(Including Deaths) 80	with rashes			0.0	Recei		choacti ve	Drugs	53	3. 3	
**************************************	Compared to All	*********** Similar Urb ******	******** an Area *****	********* Facilitie: ******	********* s & Comp a ******	******** ared to A ******	********** ll Facilit ******	******** ies ******	********	******	
			Proj	Ownershi p: Propri etary Peer Group		Bed Size: 50-99 Peer Group		Li censure: Skilled Peer Group		All Facilities	
		Facility %	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Lic	ensed Beds	91. 7	83. 7	1. 10	86. 6	1. 06	87. 0	1. 05	84. 5	1.08	
Current Residents from In-County		46. 7	75. 1	0. 62	69. 4	0. 67	69. 3	0. 67	77. 5	0.60	
Admissions from In-County, Still Residir	ıg	17. 1	18. 7	0. 91	19. 5	0. 87	22. 3	0. 76	21. 5	0. 79	
Admissions/Average Daily Census		149. 1	152. 8	0. 98	130. 0	1. 15	104. 1	1. 43	124. 3	1. 20	
Discharges/Average Daily Census		145. 5	154. 5	0. 94	129. 6	1. 12	105. 4	1. 38	126. 1	1. 15	
Discharges To Private Residence/Average	Daily Census	60. 0	59 . 1	1. 02	47. 7	1. 26	37. 2	1. 61	49. 9	1. 20	
Residents Receiving Skilled Care		100	90. 6	1. 10	89. 9	1. 11	87. 6	1. 14	83. 3	1. 20	
Residents Aged 65 and Older		95. 0	95. 0	1. 00	95. 4	1.00	93. 4	1. 02	87. 7	1.08	
Title 19 (Medicaid) Funded Residents		63. 3	65. 4	0. 97	68. 7	0. 92	70. 7	0. 90	69. 0	0. 92	
Private Pay Funded Residents		28. 3	23. 2	1. 22	22. 6	1. 25	22. 1	1. 28	22. 6	1. 25	
Developmentally Disabled Residents		0. 0	0. 8	0. 00	0. 7	0.00	0. 7	0. 00	7. 6	0.00	
Mentally Ill Residents		31. 7	31. 4	1. 01	35. 9	0. 88	37. 4	0. 85	33. 3	0. 95	
General Medical Service Residents		33. 3	23. 2	1. 44	20. 1	1. 66	21. 1	1. 58	18. 4	1.81	
Impaired ADL (Mean)		58 . 0	48. 9	1. 19	47. 7	1. 22	47. 0	1. 23	49. 4	1. 17	
Psychol ogi cal Probl ems		53. 3	44. 1	1. 21	49. 3	1.08	49. 6	1. 07	50. 1	1.06	
Nursing Care Required (Mean)		6. 0	6. 5	0. 92	6. 6	0. 92	7. 0	0. 86	7. 2	0.84	